

Hartford Enrollment Record - Deferred Compensation

Overnight Mail Address:

Retirement Plans Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address:

Retirement Plans Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583



Hartford Group Number: 150004		Social Security Number:	
Employer: County of Placer		Department/Location:	
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:	State:	Zip:	Sex (M or F):
Home Phone:	Work Phone:	Date of Birth:	Date of Hire:

A. CONTRIBUTIONS

Employee: \$ or % X Frequency* = Annual Contribution = Total

Current Annual Salary \$

- ☐ I am utilizing the plan's age 50+ catch-up provision OR
- ☐ I am utilizing the plan's pre-retirement catch-up provision.
- My unused deferral limit is \$
- My anticipated retirement date is / /

*Frequency

Monthly	=	12
Bi-Weekly	=	26
Semi-Monthly	=	24
Weekly	=	52
Other:		

B. BENEFICIARY I designate the following person(s) as my beneficiary(ies) under the Plan. See page 2 for examples.

Primary Beneficiary Name	Relationship	%
Contingent Beneficiary Name	Relationship	%

C. NOTIFICATION OF ACCEPTANCE I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus or disclosure document, whichever is applicable, is acknowledged. Further, I wish to participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2 of this form.

Signed in the state of on Date

Participant Signature

Registered Representative Signature

Printed Name of Registered Representative

Writing Agent Producer Code

Writing Agent Tax ID

Firm Name/Firm Tax ID

Plan Sponsor Use Only

Plan Sponsor Signature

Effective Date

Date Approved

D. INVESTMENT ELECTION I elect to have my future contributions invested as follows.

SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%

- | | |
|--------------------------|--|
| <input type="checkbox"/> | % American Beacon Small Cap Value (UN) |
| <input type="checkbox"/> | % American Century Strategic Allocation: Aggressive (L9) |
| <input type="checkbox"/> | % American Century Strategic Allocation: Moderate (L8) |
| <input type="checkbox"/> | % American Century Strategic Allocation: Conservative (L7) |
| <input type="checkbox"/> | % American Funds The Growth Fund of America Inv Opt (5Y) |
| <input type="checkbox"/> | % Artisan Mid Cap Value Inv Opt (UJ) |
| <input type="checkbox"/> | % Baron Small Cap Inv Opt (J7) |
| <input type="checkbox"/> | % Calvert Social Balanced Inv Opt (1N) |
| <input type="checkbox"/> | % Davis New York Venture Inv Opt (9P) |
| <input type="checkbox"/> | % GE Premier Growth Equity Inv Opt (S4) |
| <input type="checkbox"/> | % Goldman Sachs Growth Opportunities Inv Opt (DF) |
| <input type="checkbox"/> | % Hartford Capital Appreciation HLS Inv Opt (1J) |
| <input type="checkbox"/> | % Hartford Dividend and Growth HLS Inv Opt (1C) |
| <input type="checkbox"/> | % Hartford International Growth HLS Inv Opt (RM) |
| <input type="checkbox"/> | % Hartford International Opportunities HLS Inv Opt (1M) |
| <input type="checkbox"/> | % Hartford Mortgage Securities HLS Inv Opt (1D) |
| <input type="checkbox"/> | % Hartford Total Return Bond HLS Inv Opt (1B) |
| <input type="checkbox"/> | % Hotchkiss and Wiley Large Cap Value Inv Opt (N2) |
| <input type="checkbox"/> | % MFS International New Discovery Inv Opt (9E) |
| <input type="checkbox"/> | % Oakmark Equity and Income Inv Opt (UG) |
| <input type="checkbox"/> | % Putnam High Yield Advantage Inv Opt (2T) |
| <input type="checkbox"/> | % SSgA Russell 2000 Index Inv Opt (RJ) |
| <input type="checkbox"/> | % SSgA S&P 500 Flagship Inv Opt (RG) |
| <input type="checkbox"/> | % SSgA S&P Midcap Index Inv Opt (RH) |
| <input type="checkbox"/> | % Templeton Growth Inv Opt (N6) |
| <input type="checkbox"/> | % Van Kampen Equity and Income Inv Opt (8W) |
| <input type="checkbox"/> | % Western Asset Core Bond Inv Opt (GX) |
| <input type="checkbox"/> | % General (Declared Rate) Account |

100 %

